

Effective Date: April 19, 2004

Revised Dates: April 10, 2013

April 11, 2012

January 12, 2011

October 13, 2010

**CRITERIA FOR PRIOR AUTHORIZATION****Botulinum Toxins**

<b>PROVIDER GROUP</b>	Pharmacy Professional
<b>MANUAL GUIDELINES</b>	The following drug requires prior authorization: OnabotulinumtoxinA (Botox®) AbobotulinumtoxinA (Dysport®) RimabotulinumtoxinB (Myobloc®) IncobotulinumtoxinA (Xeomin®)

**CRITERIA FOR ONABOTULINUMTOXINA:** (must meet one of the following)

- Prophylaxis of headaches in patients with chronic migraines (≥15 days per month with a headache lasting 4 hours a day or longer)
- Treatment of upper limb spasticity in elbow, wrist, or finger flexors
- Treatment of cervical dystonia
- Treatment of severe primary auxiliary hyperhidrosis that is inadequately managed with topical agents
- Treatment of blepharospasm or strabismus
- Treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency or urinary incontinence due to detrusor overactivity associated with a neurologic condition (e.g., spinal cord injury or multiple sclerosis) who have an inadequate response to or are intolerant to an anticholinergic medication

**CRITERIA FOR ABOBOTULINUMTOXINA AND RIMABOTULINUMTOXINB:** (must meet the following)

- Treatment of cervical dystonia

**CRITERIA FOR INCOBOTULINUMTOXINA:** (must meet one of the following)

- Treatment of cervical dystonia
- Treatment of blepharospasm in adults previously treated with onabotulinumtoxinA

**Initial authorization will be approved for 6 months.** Subsequent authorizations will be granted for up to 2 injections in 6 months, injections must be at least 12 weeks apart.

**Note:** Use of Botulinum Toxins will **NOT** be approved for cosmetic purposes.